STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
PURDUE PHA	RMA INC. POLITICAL ACTION	COMMITTEE (PURDUE PAC	5)	
ADDRESS (number and	street) c/o Brad Griffin			
(Check if address is changed)	One Stamford Fores	μ m		
	Stamford		_ CT _	06901 - 111
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	•		
(Check if address is changed)	Brad.Griffin@phar	ma.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s I , , , , , , ,			
	1			
2. DATE 0.5	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00370643		
4. IS THIS STATE	MENT NEW (N) OR	X AMENDED (A)	_	
I certify that I have exam Type or Print Name of	ined this Statement and to the best of my k Treasurer Brad Griffin	nowledge and belief it is true, correct	and complete	
Signature of Treasure	Electronically Filed by Brad Gr	iffin	Date 05	200 Y 2009
NOTE: Submission of fa	llse, erroneous, or incomplete information r	nay subject the person signing this S	·	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)